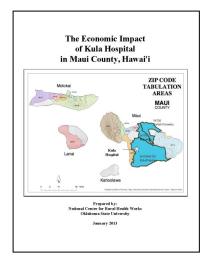
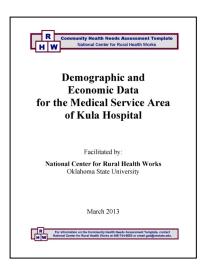
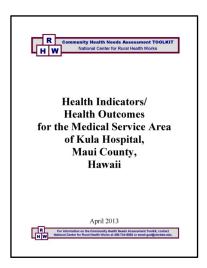
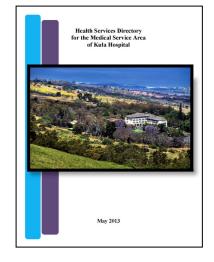
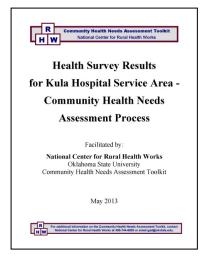
Kula Hospital Community Health Needs Assessment Summary and Implementation Strategy











Kula Hospital **Community Health Needs Assessment Summary and Implementation Strategy**

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Kula Hospital Community Health Needs Assessment Summary and Implementation Strategy

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Introduction

New requirements for nonprofit, 501 (c)(3), hospitals were enacted under the Patient Protection and Affordable Care Act (ACA), passed on March 23, 2010. One of the most significant of the new requirements is the Community Health Needs Assessment (CHNA) that must be conducted during taxable years after March 23, 2012 and is submitted with IRS form 990. A CHNA must be completed every three years.

While the requirements are fairly new, the IRS has made strides in defining hospitals that must complete the CHNA as well as details of what is expected in the CHNA report to be submitted. At this time the only entities that must complete the CHNA are hospital organizations defined as:

- An organization that operates as a state-licensed hospital facility
- Any other organization that the Secretary determines has the provision of hospital care as its principal function or the purpose constituting the basis for its exemption under section 501 (c)(3).

The general goal behind the requirement is to gather the community input that leads to recommendations on how the local hospital can better meet and serve residents' needs. The community input is typically derived from a community survey and a series of open meetings. Local health data are presented. Community members then identify and prioritize their top health needs.

After receiving the community's input, the hospital defines an implementation strategy for their specific facility. The implementation strategy is a written plan that addresses each of the health needs identified in the community meetings. To meet Department of Treasury and IRS guidelines, an implementation strategy must:

- Describe how the hospital facility plans to meet the identified health needs, or
- Explain why the hospital cannot meet the health need.¹

After the needs are identified that the hospital can address, the implementation strategy must take into account specific programs, resources, and priorities for that particular facility. This can include existing programs, new programs, or intended collaboration with governmental nonprofit or other health care entities within the community.²

¹Internal Revenue Service. 2011. Notice and Requests for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals. Internal Revenue bulletin: 2011-30. ²Ibid.

Overview of Process

Kula Hospital undertook a CHNA during the first half of 2013. The process included creating a CHNA advisory committee consisting of community members representing all segments of the community (race, demographics, occupations, etc.). The process was facilitated by personnel from the National Center for Rural Health, the Hawaii State Department of Health, State Office

of Primary Care & Rural Health and the Pacific Basin Telehealth Resource Center, John A. Burns School of Medicine at the University of Hawaii at Manoa. The advisory committee met four times to receive input relative to their medical service area. At meetings #1, #2 and #3, the committee received and discussed three reports:

Report #1: The Economic Impact of Kula Hospital **Report #2:** Demographic and Economic Data

Report #3: Health Indicators/Health Outcomes Data

At the 4th meeting, two more studies were presented:

Report #4: Health Services Directory **Report #5:** Health Survey Results

At all the meetings, and especially Meetings #3 and #4, the advisory committee discussed the community's health needs. The advisory committee also conducted a survey and received completed surveys from 239 households. At Meeting #4, the advisory committee identified the most critical community health issues and specified actions to address them.

The participants, facilitators, and medical service area will be identified in the next section. A review of each of the four meetings will be presented. Then the community health needs identified by the advisory committee will be presented with their top priorities. Copies of the report are available at the Kula Hospital.

Participants, Facilitators, and Medical Service Areas

Every effort was made to have all segments (race, demographics, occupations, etc.). of the medical service area represented in the CHNA process. Community members that participated in the process, as well as the segment (and sometimes more than one segment) of the community represented, are listed in **Table 1.** For example, a hospital board member may also be a Native Hawaiian. Every effort was made to identify the segments each person represented. The facilitators are presented in **Table 2**.

The Kula Hospital medical service area (MSA) is depicted in **Figure 1**. The MSA includes the four zip codes of 96708, 96768, and 96790/96788. Most of the residents in 96790/96788 zip code area will seek services from Kula Hospital and Kula physicians, whereas residents in the northern portion of the MSA in zip codes 96708 and 96768 are closer to providers in the communities of Kahului and Waihee. The MSA follows zip code boundaries because of data availability.

Table 1
Kula Hospital Community Health Needs Assessment Advisory Committee Representation

Member	Segment(s) Represented
1.	Kula Hospital Staff/Medical Director/Native Hawaiian
2.	Maui County Office on Aging Staff
3.	Kula Elementary School/Interim Principal
4.	Maui Memorial Medical Center Chief of Staff/Chief Medical Officer/Physician
5	Kula Hospital Auxiliary President/Community
6.	Kula Community Association/Community
7.	Kula Hospital Staff/Director of Nursing
8.	Aloha House/Mental Health
9.	Home Health by Hale Makua/Director
10.	Kula Hospital Staff/Nursing Supervisor
11.	Pukalani Elementary School
12.	Senator
13.	Malama I Ke Ola Center/Office on Aging
14.	Kula Hospital Staff/Business Manager
15.	Waiohuli Community Association/Community
16.	St. John's Church/Reverend/Faith Community
17.	Kula Hospital Staff/Regional Administrator
18.	Kula Elementary School/Upcountry Massage Co./Alternative Medicine
19.	UHMC/Higher education
20.	Kula Hospital Staff/Nurse Manager
21.	Kula Hospital Staff/Recreation Coordinator
22.	Kula Hospital Staff/Secretary
23.	Longs Drug Store/Pharmacist/Pharmacy
24.	Maui Memorial Medical Center/CEO
25.	Kula Hospital Staff/Physician
26.	UH Jabsom/Higher Education
27.	EMT/AMR/Kula Hospital Staff/Physician/Community Emergency
28.	Kula Hospital Staff/Social Worker
29.	Kula Hospital Staff/Nursing Supervisor
30.	Kula Community Association/Community
31.	Maui Clinic/Community Physician
32.	Board Member of MMMC Region/Kula & Lanai Hospital/Regional Hospital Board
33.	Venture Physical Therapy/Community PT/Rehab
34.	Kula Community Association/Community

Table 2 Kula Hospital Community Health Needs Assessment Facilitators

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and

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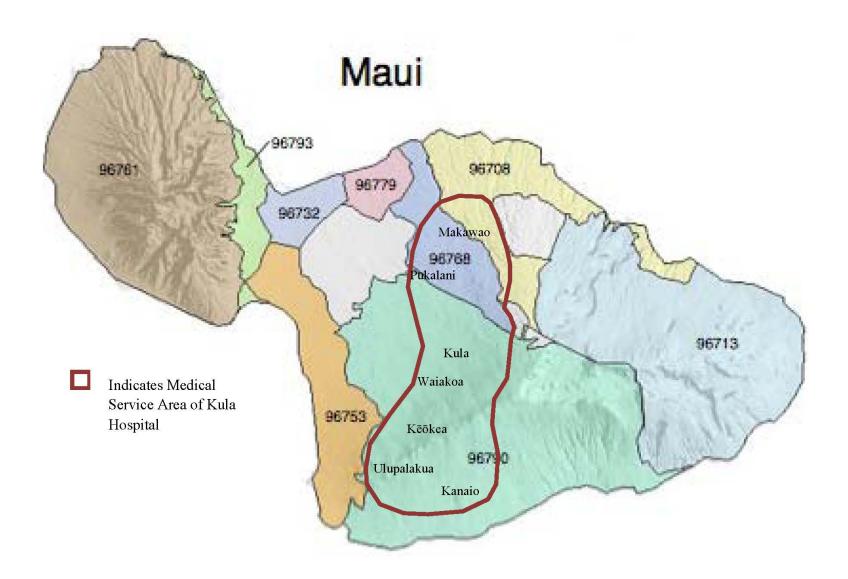
Hawaii State Department of Health State Office of Primary Care & Rural Health

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Figure 1 Kula Hospital Medical Service Area



About Kula Hospital

History

In 1910, Dr. W. F. McConkey founded a tuberculosis treatment center on the cool, pleasant, southwest slope of Haleakala. With the increasing spread of tuberculosis, the center expanded to

many buildings, and Kula Sanitarium was developed. It included a small hospital to care for acute illnesses and serve the local community, especially as a birthing center and rural emergency room. In the 1950's when drugs were developed to control tuberculosis, Kula Sanitarium changed its focus to serving long-term care patients, and the name was changed to Kula Hospital.



Kula Hospital & Clinic Today

Today Kula Hospital & Clinic is a Critical Access Hospital (CAH) with five acute care beds, 99 SNF/ICF beds, nine ICF/MR beds, a 24-hour emergency room and outpatient clinic with lab and x-ray services. There is also medical clinic adjacent to the hospital. Kula Hospital continues to provide quality long-term care for its residents. For more information, please call Kula Hospital Social Services at (808) 878-1221.

<u>Urgent & Rural Emergency Services</u>

Maui's Upcountry population is growing, and Kula Hospital & Clinic has expanded services to include urgent care, limited rural emergency care, and five acute/SNF hospital beds.



Kula Hospital's Emergency Room is located just inside the main entrance. Physicians are available 24 hours per day along with a dedicated registered nursing staff, with basic lab and x-ray services for urgent care & limited emergency care available. Call "911" for a serious emergency and you will be transported to Maui Memorial Medical Center for broader emergency services.

Kula Clinic

The Kula Clinic offers a wide range of outpatient services including:

- Alternative Medicine
- Family Practice
- Pediatric Neurology

- Acupuncture
- Chinese Medicine
- Laboratory
- X-Ray Facilities

Clinic hours are Monday through Friday, 8:00 am to 4:30 pm. For appointments, call (808) 876-4331.

Kala Iki Thrift Store

Kula Hospital's Kala Iki Thrift Store has many second-hand treasures. Operated by Kula Hospital's Auxiliary, volunteers give generously of their time and talents. Sales of donated items help support special projects and services for patients. Thrift Store hours are 9:30 am to 1:00 pm on the third Tuesday and second and last Saturday of each month. For volunteer information or donations, please call (808) 876-4411

Community Input Summary

The CHNA advisory committee met four times. At each meeting the committee was given data and discussed the presented data. The reported data and discussion highlights will be presented by meeting.

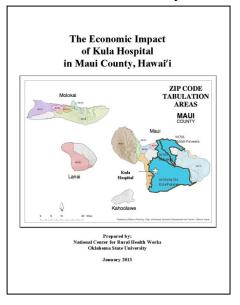
Community Input Meeting #1

The agenda for Meeting #1 is presented in **Table 3**. Since it was the first meeting of the advisory committee, a presentation of the complete CHNA was presented and discussed. The responsibilities of the advisory committee were clearly identified. In addition to this discussion, **Report #1**, the economic impact of Kula Hospital, was presented.

The economic impact of Kula Hospital on the MSA economy is measured by employment, payroll, and construction activities. Kula Hospital provided the direct economic activity data

presented in **Table 4**. For 2012, the total full-time, part-time, and contract employment was 217 with wages, salaries, and benefits and contract labor costs of \$17.0 million. Wages, salaries, and benefits and contract labor costs (and/or proprietor income, when applicable) will be referred to as "income" throughout the rest of the study.

Kula Hospital had construction activities of \$1.9 million in 2011, \$1.0 million in 2012, and \$4.4 million in 2013. Based on the 2012 construction activity of \$1.0 million, IMPLAN data were utilized to estimate the construction employment and construction income. Employment was estimated to be eight construction employees with construction income of \$476,032. The average annual salary from construction activities is estimated at \$59,504. These data reflect the direct economic activities of Kula Hospital.



Many rural communities have a large number of elderly, and the ranchers and farmers often retire in the towns. Thus, hospital facilities are an important component of the health sector. In summary, Kula Hospital is vitally important as a community employer and important to the community's economy. The hospital employs a large number of residents. The hospital and the employees in the hospital purchase a large amount of goods and services from businesses in the MSA. These impacts are referred to as secondary impacts or benefits to the economy. Employment and income multipliers for the area have been calculated using the IMPLAN model. The model was developed by the U.S. Forest Service and allows for development of zip code area multipliers. Multipliers generated from the IMPLAN software and data will be utilized to illustrate the secondary impacts.

Table 3 Kula Hospital Agenda for Community Meeting #1 Monday, January 14, 2013 at 6 pm

- I. Introductions Nick Hughey, Administrator, Kula Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
- II. Overview of Community Health Needs Assessment Process Gerald Doeksen
- III. Kula Hospital Services/Community Benefits Nick Hughey
- IV. Economic Impact of Kula Hospital Gerald Doeksen
- V. Review Community Health Survey Questionnaire Gerald Doeksen
- VI. Next Steps

Meeting #2, 6 pm, March 4 Meeting #3, 6 pm, April 8 Meeting #4, 6 pm, May 20

Table 4 Direct Economic Activities of Kula Hospital, Maui County, Hawaii

2012 Operations Employment (Full- and part-time & Contract)	217
2012 Income (Wages, Salaries, & Benefits/Contract Labor)	\$17,011,908
Construction	
2011	\$1,864,884
2012	\$1,000,730
2013	\$4,430,400
Estimated 2012 Construction Employment	8

SOURCE: Local operations employment and income data and construction data provided by Kula Hospital.

Kula Hospital creates employment through operations and construction activities. The employment multiplier for the hospital operations component is 1.39 (**Table 5**). This indicates that for each job created in that sector, a 0.39 job is created throughout the area due to business (indirect) and household (induced) spending. Applying the employment multiplier to the hospital employment of 217 yields an estimate of the hospital's employment impact on the MSA. *Kula Hospital has a total employment impact of 302 employees from operations in 2012* (217 x 1.39 = 302). The secondary impact of Kula Hospital is 85 employees (217 x 0.39 = 85); these are the jobs created in other industry sectors in the economy of the MSA as a result of the spending of Kula Hospital and the spending of the hospital employees.

The 2012 construction activities resulted in an estimated 8 jobs. These construction jobs worked directly on hospital construction activities. These construction companies and construction workers also have secondary impacts that are measured by multipliers. The construction employment multiplier for the MSA is 1.35. Thus, three secondary jobs are created in other businesses due to construction activities of Kula Hospital. *Total jobs created by hospital construction activities are eleven. In 2012, combined operations and construction activities of Kula Hospital generated 313 jobs in the MSA economy.*

Data on the income impact of Kula Hospital are presented in **Table 6**. Kula Hospital reported income from operations of \$17.0 million in 2012. Using the hospital income multiplier of 1.22, Kula Hospital generated secondary income in other businesses of \$3.7 million. *In 2012, the total income impact of Kula Hospital from operations was \$20.8 million on the economy of the medical service area.*

Income generated directly by construction workers engaged in hospital construction activities is estimated at \$476,032. Applying the construction income multiplier of 1.23, hospital construction activities were estimated to generate \$109,487 in income in other businesses. In 2012, Kula Hospital generated a total income impact from hospital construction activities of \$585,519 in the MSA economy. In 2012, combined operations and construction activities of Kula Hospital generated \$21.3 million in income impact on the MSA economy.

Community Input Meeting #2

The agenda for Meeting #2 is presented in **Table 7**. **Report** #2, the demographic and economic data report, was presented and discussed. The data of most interest was demographics by race and ethnic groups and by age. The past and future trends were discussed.

The complete data and information report consisted of thirteen tables of economic and demographic data. The tables most discussed are presented in this report. Data on **Table 8** reflect population by age for 2000 and 2010 (U.S. Census data). The MSA population increased 15.4%. The number of elderly 65+ grew 43%.

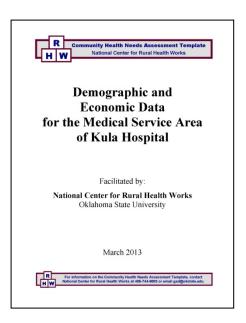


Table 5
Total Employment Impact
of Kula Hospital in Maui County, Hawaii

Health Care Component	Number of Employees	Employment Multiplier	Secondary Employment Impact	Total Employment Impact
From Operations From Construction	217 <u>8</u>	1.39 1.35	85 <u>3</u>	302 <u>11</u>
Totals	<u>225</u>		<u>88</u>	<u>313</u>

SOURCE: Local employment data and construction data provided by Kula Hospital; employment multipliers from IMPLAN and construction employment derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Table 6
Total Income Impact
of Kula Hospital in Maui County, Hawaii

			Secondary	Total
Health Care	Direct	Income	Income	Income
Component	Income	Multiplier	Impact	Impact
From Operations From Construction	\$17,011,908 <u>\$476,032</u>	1.22 1.23	\$3,742,620 \$109,487	\$20,754,528 <u>\$585,519</u>
Totals	<u>\$17,487,940</u>		<u>\$3,852,107</u>	<u>\$21,340,047</u>

SOURCE: Local income data and construction data from Kula Hospital; income multipliers from IMPLAN and construction income derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Table 7 Kula Hospital Agenda for Community Meeting #2 Monday, March 4, 2013 at 6 pm

- I. Introductions Nick Hughey, Administrator, Kula Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
- II. Review of Community Meeting #1 Gerald A. Doeksen, National Center for Rural Health Works
- **III.** Demographic and Economic Data Study Gerald Doeksen
- **IV.** Review Draft #1 of Health Services Directory Gerald Doeksen
- V. Kula Hospital Community Health Survey Questionnaire Gerald Doeksen
 - a. Community Advisory Committee completes questionnaire and turns in at end of meeting
 - b. Community Advisory Committee takes 5 to 6 surveys for local residents to complete
 - c. Completed survey questionnaires must be returned at Meeting #3 on April 8
- VI. Next Steps

Meeting #3, 6 pm, April 8 Meeting #4, 6 pm, May 20

Table 8
U.S Census Bureau Population by Zip Code Tabulation Areas by Age Groups and Gender for the Medical Service Area (MSA) of Kula Hospital

Zip	Zip Code			Age Gr	oups				Gend	der
Code	Area	0-14	15-19	20-24	25-44	45-64	65+	Totals	Male	Female
2000 Census										
96708	Haʻikū-Paʻuwela	1,853	542	453	2,920	2,252	575	8,595	4,385	4,210
96768	Makawao	3,580	1,262	792	4,817	3,973	1,453	15,877	7,924	7,953
96790/96788	Kula/Pukalani	<u>1,209</u>	<u>429</u>	<u>186</u>	<u>1,791</u>	2,186	<u>889</u>	<u>6,690</u>	<u>3,255</u>	3,435
2000 Census To	otals	<u>6.642</u>	2,233	<u>1.431</u>	<u>9.528</u>	<u>8,411</u>	<u>2,917</u>	<u>31,162</u>	<u>15,564</u>	<u>15.598</u>
2000 % of Total	1	<u>21.3%</u>	<u>7.2%</u>	<u>4.6%</u>	30.6%	<u>27.0%</u>	<u>9.4%</u>	<u>100.0%</u>	<u>49.9%</u>	<u>50.1%</u>
2010 Census										-
96708	Haʻikū-Paʻuwela	1,893	570	505	2,840	3,460	952	10,220	5,244	4,976
96768	Makawao	3,384	1,186	985	4,591	5,428	2,094	17,668	8,811	8,857
96790/96788	Kula/Pukalani	<u>1,394</u>	<u>471</u>	<u>307</u>	<u>1,769</u>	<u>2,998</u>	<u>1,126</u>	<u>8,065</u>	<u>3,970</u>	<u>4,095</u>
2010 Census To	otals	<u>6,671</u>	2,227	<u>1.797</u>	9,200	<u>11.886</u>	<u>4.172</u>	<u>35.953</u>	<u>18.025</u>	<u>17.928</u>
2010 % of Total	1	<u>18.6%</u>	<u>6.2%</u>	<u>5.0%</u>	<u>25.6%</u>	<u>33.1%</u>	<u>11.6%</u>	<u>100.0%</u>	<u>50.1%</u>	<u>49.9%</u>
Percent Chang	1.5		200	0100.070						
From 2000 to 20	010	<u>0.4%</u>	<u>-0.3%</u>	<u>25.6%</u>	<u>-3.4%</u>	<u>41.3%</u>	<u>43.0%</u>	<u>15.4%</u>	<u>15.8%</u>	<u>14.9%</u>

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [January 2013]).

Data on **Table 9** reflect population data from ESRI. This table includes population forecasts for 2012 and 2017. Again, the data indicates overall population projections of 4.5% from 2012 to 2017. Over the same period, the elderly 65+ increased 18.9%. This clearly indicates the huge growth in elderly and reflects increased health and medical needs, especially for the elderly.

Data in **Table 10** reflect race and ethnic data from 2000 and 2010. From 2000 to 2010, the largest change in race was in the "some other race" group with an increase of 48.1%, followed by the black race group with a 33.9% increase and the Hawaiian and other Pacific islander race group with a 30.4% increase. The Hispanic origin ethnic group reflected a 52.9% increase from 2000 to 2010.

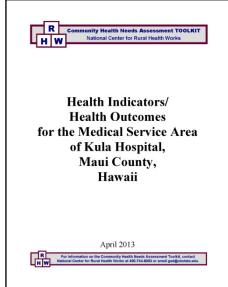
Forecasts of race and ethnic data for 2012 and 2017 are presented in **Table 11.** From 2012 to 2017, ESRI data reflect the largest increase in population in the black race group (77.9%), with the next largest in the American Indian and Alaska Native race group (34.3%), and the third largest in the "some other race" group (16.8%).

Community Input Meeting #3

The agenda for Meeting #3 is presented in **Table 12**. The health indicators/health outcomes report, **Report #3**, was presented and discussed. The complete report contains 37 tables of health indicators/health outcomes data. The tables that received the most attention were **Tables 13** and **14**. The Upcountry/Hana region is basically the Kula MSA. The items that received the most attention were tobacco use, obesity, adults not getting a flu shot, adults not getting pneumonia shots, and high rates for pre-diabetes, blood pressure, high cholesterol and arthritis. After a detailed discussion of all health indicators/health outcomes data, the advisory committee members listed their concerns. There are listed in **Table 15**.

Community Input Meeting #4

The agenda for meeting #4 is presented in **Table 16**. At the meeting, the health services directory, **Report #4**, was delivered. It contains a list of health providers in the MSA. The purpose of the directory is to provide information on available health and medical services to the residents so they are aware of local providers and can utilize local services.



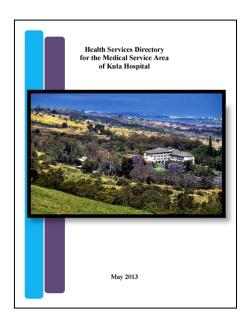


Table 9
ESRI Population by Zip Code Tabulation Areas by Age Groups and Gender for the Medical Service Area (MSA) of Kula Hospital

Zip Code			Age Gr	oups				Gene	der
Zip Code Area	0-14	15-19	20-24	25-44	45-64	65+	Totals ¹	Male	Female
2010 ESRI									
96708 Haʻikū-Paʻuwela	1,872	559	498	2,821	3,451	931	10,132	5,201	4,931
96768 Makawao	3,381	1,190	988	4,586	5,427	2,097	17,669	8,812	8,857
96790/96788 Kula/Pukalani	<u>1,802</u>	<u>597</u>	<u>410</u>	2,222	3,586	<u>1,374</u>	<u>9,991</u>	<u>4,973</u>	5,018
2010 ESRI Totals	<u>7.055</u>	<u>2,346</u>	<u>1,896</u>	<u>9,629</u>	<u>12,464</u>	<u>4,402</u>	<u>37,792</u>	<u>18,986</u>	<u>18,806</u>
2010 % of Total	<u>18.7%</u>	<u>6.2%</u>	<u>5.0%</u>	<u>25.5%</u>	<u>33.0%</u>	<u>11.6%</u>	<u>100.0%</u>	<u>50.2%</u>	<u>49.8%</u>
2012 ESRI									
96708 Haʻikū-Paʻuwela	1,874	537	512	2,843	3,517	987	10,270	5,284	4,986
96768 Makawao	3,397	1,151	1,018	4,642	5,551	2,224	17,983	8,986	8,997
96790/96788 Kula/Pukalani	<u>1,817</u>	<u>577</u>	<u>426</u>	2,249	3,684	<u>1,468</u>	<u>10,221</u>	<u>5,095</u>	5,126
2012 ESRI Totals	<u>7.088</u>	2,265	<u>1.956</u>	<u>9.734</u>	12,752	<u>4.679</u>	<u>38.474</u>	<u>19.365</u>	<u>19.109</u>
2012 % of Total	<u>18.4%</u>	<u>5.9%</u>	<u>5.1%</u>	<u>25.3%</u>	<u>33.1%</u>	<u>12.2%</u>	<u>100.0%</u>	<u>50.3%</u>	<u>49.7%</u>
2017 ESRI									
96708 Haʻikū-Paʻuwela	1,947	532	489	2,926	3,594	1,176	10,664	5,498	5,166
96768 Makawao	3,530	1,138	975	4,777	5,668	2,623	18,711	9,365	9,346
96790/96788 Kula/Pukalani	<u>1,907</u>	<u>575</u>	<u>411</u>	2,340	3,823	<u>1,764</u>	<u>10,820</u>	<u>5,413</u>	<u>5,407</u>
2017 ESRI Totals	<u>7,384</u>	<u>2,245</u>	<u>1,875</u>	<u>10,043</u>	<u>13,085</u>	<u>5,563</u>	<u>40,195</u>	<u>20,276</u>	<u>19,919</u>
2017 % of Total	<u>18.4%</u>	<u>5.6%</u>	<u>4.7%</u>	<u>25.0%</u>	<u>32.6%</u>	<u>13.8%</u>	<u>100.0%</u>	<u>50.4%</u>	<u>49.6%</u>
Percent Change									
From 2010 to 2012	0.5%	-3.5%	3.2%	1.1%	2.3%	6.3%	1.8%	2.0%	1.6%
From 2010 to 2017	4.7%	-4.3%	-1.1%	4.3%	5.0%	26.4%	6.4%	6.8%	5.9%
From 2012 to 2017	4.2%	-0.9%	-4.1%	3.2%	2.6%	18.9%	4.5%	4.7%	4.2%

 $^{^1}$ The zip code data for 2010 ESRI do not match the 2010 ESRI data in **Table 1** due to rounding. SOURCE: ESRI forecasts for 2012 and 2017 [January 2013].

NOTE: With Zip Code Tabulation areas (ZCTAs) being generalized areas of the U.S. Postal Service (USPS), each source above (U.S. Census Bureau and ESRI) will have different ZCTA boundaries delineated and, therefore, the populations from the two sources will vary based on these delineations.

Table 10
U.S. Census Bureau Population by Zip Code Tabulation Areas by Race and Ethnic Groups for the Medical Service Area (MSA) of Kula Hospital

Zip Code Z	Zip Code Area	White	Black	American Indian & Alaska Native	Asian	Hawai'ian & Other Pacific Islander	Some Other Race	Two or More Races ¹	Totals	Hispanic Origin ²
2000 Census										
96708 Ha	ı'ikū-Pa'uwela	4,893	50	43	742	692	78	2,097	8,595	689
96768 Ma	akawao	6,090	53	61	3,616	1,333	182	4,542	15,877	1,561
96790/96788 Ku	ıla/Pukalani	<u>3,759</u>	<u>15</u>	<u>30</u>	1,272	<u>372</u>	50	1,192	<u>6,690</u>	<u>358</u>
2000 Census Tota	ls	<u>14,742</u>	<u>118</u>	<u>134</u>	5,630	2,397	<u>310</u>	<u>7,831</u>	31,162	<u>2,608</u>
2000 % of Total		<u>47.3%</u>	0.4%	<u>0.4%</u>	<u>18.1%</u>	<u>7.7%</u>	<u>1.0%</u>	<u>25.1%</u>	<u>100.0%</u>	<u>8.4%</u>
2010 Census										
96708 Ha	ı'ikū-Pa'uwela	6,092	42	54	765	810	128	2,329	10,220	1,083
96768 M	akawao	6,660	72	87	3,446	1,602	247	5,554	17,668	2,258
96790/96788 Ku	ıla/Pukalani	<u>4,066</u>	<u>44</u>	<u>32</u>	1,178	<u>714</u>	84	<u>1,947</u>	8,065	<u>646</u>
2010 Census Tota	ls	<u>16,818</u>	<u>158</u>	<u>173</u>	<u>5,389</u>	<u>3,126</u>	<u>459</u>	<u>9,830</u>	35,953	<u>3,987</u>
2010 % of Total		<u>46.8%</u>	<u>0.4%</u>	<u>0.5%</u>	<u>15.0%</u>	<u>8.7%</u>	<u>1.3%</u>	<u>27.3%</u>	<u>100.0%</u>	<u>11.1%</u>
Percent Change From 2000 to 201	0	<u>14.1%</u>	<u>33.9%</u>	<u>29.1%</u>	<u>-4.3%</u>	<u>30.4%</u>	<u>48.1%</u>	<u>25.5%</u>	<u>15.4%</u>	<u>52.9%</u>

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [January 2013]).

¹ Two or more races indicates a person is included in more than one race group; it was introduced as a new category in the 2000 Census.

² Hispanic population is not a race but rather a description of ethnic origin; Hispanics are included in the five race groups.

Table 11
ESRI Population by Zip Code Tabulation Areas by Race and Ethnic Groups for the Medical Service Area (MSA) of Kula Hospital

					Native Hawai'ian	Some			
Zip Code			American Indian		& Other Pacific	Other	Two or		Hispanic
Zip Code Area	White	Black	& Alaska Native	Asian	Islander	Race	More Races	Totals1	Origin
2010 ESRI									
96708 Haʻikū-Paʻuwela	6,096	41	53	766	752	126	2,298	10,132	1,058
96768 Makawao	6,683	72	88	3,448	1,603	247	5,531	17,672	2,258
96790/96788 Kula/Pukalani	<u>4,622</u>	<u>48</u>	<u>37</u>	<u>1,240</u>	<u>1,267</u>	<u>103</u>	<u>2,671</u>	9,988	<u>830</u>
2010 ESRI Totals	<u>17,401</u>	<u>161</u>	<u>178</u>	<u>5.454</u>	<u>3,622</u>	<u>476</u>	<u>10,500</u>	<u>37.792</u>	<u>4.146</u>
2010 % of Total	<u>45.2%</u>	0.4%	<u>0.5%</u>	<u>14.2%</u>	<u>9.4%</u>	<u>1.2%</u>	27.3%	<u>100.0%</u>	<u>10.8%</u>
2012 ESRI									
96708 Haʻikū-Paʻuwela	6,204	62	61	756	739	129	2,319	10,270	
96768 Makawao	6,851	110	101	3,437	1,595	261	5,628	17,983	S
96790/96788 Kula/Pukalani	<u>4,751</u>	<u>72</u>	<u>45</u>	<u>1,243</u>	<u>1,268</u>	<u>110</u>	<u>2,732</u>	10,221	
2012 ESRI Totals	<u>17,806</u>	<u>244</u>	<u>207</u>	<u>5,436</u>	<u>3,602</u>	<u>500</u>	<u>10,679</u>	<u>38,474</u>	<u>4,388</u>
2012 % of Total	<u>46.3%</u>	<u>0.6%</u>	<u>0.5%</u>	<u>14.1%</u>	<u>9.4%</u>	<u>1.3%</u>	<u>27.8%</u>	100.0%	<u>11.4%</u>
2017 ESRI		2	.,			2.			
96708 Haʻikū-Paʻuwela	6,430	109	80	747	732	145	2,421	10,664	1,290
96768 Makawao	7,150	195	134	3,435	1,593	301	5,903	18,711	2,731
96790/96788 Kula/Pukalani	<u>5,015</u>	<u>130</u>	<u>64</u>	1,257	<u>1,301</u>	<u>138</u>	<u>2,915</u>	10,820	<u>1,061</u>
2017 ESRI Totals	<u>18,595</u>	<u>434</u>	<u>278</u>	<u>5,439</u>	<u>3,626</u>	<u>584</u>	<u>11,239</u>	40,195	<u>5,082</u>
2017 % of Total	<u>46.3%</u>	<u>1.1%</u>	<u>0.7%</u>	<u>13.5%</u>	<u>9.0%</u>	<u>1.5%</u>	28.0%	<u>100.0%</u>	<u>12.6%</u>
Percent Change									
From 2010 to 2012	2.3%	51.6%	16.3%	-0.3%	-0.6%	5.0%	1.7%	1.8%	5.8%
From 2010 to 2017	6.9%	169.6%	56.2%	-0.3%	0.1%	22.7%	7.0%	6.4%	22.6%
From 2012 to 2017	4.4%	77.9%	34.3%	0.1%	0.7%	16.8%	5.2%	4.5%	15.8%

¹ The zip code data for 2010 ESRI do not match the 2010 ESRI data in **Table 1** due to rounding. SOURCE: ESRI forecasts for 2012 and 2017 [January 2013].

NOTE: With Zip Code Tabulation areas (ZCTAs) being generalized areas of the U.S. Postal Service (USPS), each source above (U.S. Census Bureau and ESRI) will have different ZCTA boundaries delineated and, therefore, the populations from the two sources will vary based on these delineations.

Table 12 Kula Hospital Agenda for Community Meeting #3 Monday, April 8, 2013 at 6 pm

- I. Introductions Nick Hughey, Administrator, Kula Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
- II. Review of Meetings #1 and #2 Gerald A. Doeksen
- III. Collect Completed Community Health Survey Questionnaires Gerald A. Doeksen
- IV. Review Draft #2 of Health Services Directory Gerald A. Doeksen
- V. Health Indicator/Health Outcome Data Gerald A. Doeksen
- VI. Discussion of Health Indicator/Health Outcome Data Gerald A. Doeksen
- VII. Next Steps

Meeting #4, 6 pm, May 20

Table 13
Selected Health Behavioral Risk Factors
for the UpCountry/Hana Community, Maui County, and State of Hawaii, 2011

Upcountry/ Maui State of Hana¹ County Hawaii Health Status Poor or fair health - Adults reporting fair or poor health 12 6% 14.6% 15.0% Physical health not good - Adults with at least one physically unhealthy day in the past 30 days 29.3% 35.4% 35.7% Average number of physically unhealthy days in the past 30 days 2 7 3.1 3.0 32.4% Mental health not good - Adults with at least one mentally unhealthy day in the past 30 days 39 4% 32.6% Average number of mentally unhealthy days in the past 30 days 28 28 2.8 Health Care Access Adults without any kind of health care coverage 10.7% 9.6% 13.6% Adults in the past 12 months unable to see a doctor because of the cost 9.5% 12.2% 12.5% Seatbelt Use Adults that report seldom or never using a seatbelt 0.2% 2.5% 1.8% Physical Activity Adults that did not participate in any physical activities/exercise in the past month, other than regular job 16.1% 19.1% 20.6% **Alcohol Consumption** Adults at risk of binge drinking (5+ drinks for men, 4+ drinks for women on an occasion) 22 5% 21.5% 20.4% Adults at risk of heavy drinking (more than 2 drinks per day for men, 1 per day for women) 9.4% 10.3% 7.0% Tobacco Use Adults that report smoking >100 cigarettes in their lifetime 46.8% 41.4% 42.7% 18.9% 14.8% 16.8% Adults currently smoking Adults who are aware of the Hawaii Tobacco Quitline 73.0% 74.0% 78.0% **Body Weight** Adults that are overweight or obese (Body Mass Index ≥ 25) 49.0% 51.3% 54.0% Fruits and Vegetables Adults that eat fruits or drink 100% pure fruit juice 3 times or more per day 15 3% 13 0% 17 4% Adults that eat vegetables 3 times or more per day 23.9% 20.8% 19.3%

SOURCE: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (www.health.hawaii.gov[March 2013]).

¹The medical service area for Kula Hospital most closely matches the Hawaii State Department of Health's geographic area definition of the Upcountry/Hana community, which is comprised of the zip codes 96788, 96790, 96713, 96708, 96779, and 96768.

Table 14
Selected Health Behavioral Risk Factors

for the UpCountry/Hana Community, Maui County, and State of Hawaii, 2011

	Upcountry/	Maui	State of
	Hana ¹	County	Hawaii
Immunization: Flu and Pneumonia			
Adults that reported not receiving a flu shot or vaccine in the past 12 months	62.7%	60.8%	54.5%
Adults aged 65 years and older that reported not having had a pneumonia shot	29.5%	30.7%	29.2%
Medical Conditions (percent of adults diagnosed by a healthcare professional)			
Asthma	17.5%	15.4%	16.2%
Chronic Obstructive Pulmonary Disease	1.8%	3.5%	4.4%
Kidney Disease	1.8%	2.3%	3.3%
Diabetes	8.0%	8.4%	8.4%
Pre-diabetes or borderline diabetes	9.2%	11.0%	10.6%
Myocardial infarction (heart attack)	3.0%	2.3%	3.2%
Angina (coronary heart disease)	3.2%	2.4%	3.0%
Stroke	2.4%	2.2%	2.5%
High blood pressure	25.8%	25.2%	28.7%
High cholesterol	27.2%	25.8%	27.8%
Disability (limited in any way because of health problems)	18.5%	18.5%	18.1%
Arthritis	21.6%	19.3%	18.2%
Medical Testing			
HIV (percent of adults tested, not counting blood donation tests)	41.4%	32.0%	28.8%

SOURCE: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (www.health.hawaii.gov[March 2013]).

¹The medical service area for Kula Hospital most closely matches the Hawaii State Department of Health's geographic area definition of the Upcountry/Hana community, which is comprised of the zip codes 96788, 96790, 96713, 96708, 96779, and 96768.

Table 15 Kula Hospital Community Health Needs Assessment -Health Issues Discussed on April 8, 2013

I. Encourage State Department to conduct flashy marketing campaign for importance of immunizations.

II. OUTREACH PROGRAM ON Importance of Immunizations for Elderly.

- a. Work with groups that serve elderly (such as Meals on Wheels and Senior Citizens Center) to inform them on importance of immunizations.
- b. Have outreach to church groups.
- c. Have booth at county fair/special booth day.
- d. Nursing students could travel with meals on wheels to educate and provide immunizations.

III. Outreach Program to Reduce the Stigma of Mental Health Issues.

- a. Inform residents of programs and privacy of programs (such as suicide hotline).
- b. Reach out to Native Hawaiians through churches and cultural events.

IV. Support and encourage youth programs in Kula Area.

- a. Encourage growth of Boys and Girls Clubs.
- b. Expand Peer Counseling in High Schools.
- c. Educate and inform youth of mental health problems.
- d. Have booth at school fair.

V. Reach out to Native Hawaiians as to availability of primary care services.

Table 16 Kula Hospital Agenda for Community Meeting #4 Monday, May 20, 2013 at 6 pm

- I. Introductions Nick Hughey, Administrator, Kula Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
- II. Review of Meetings #1, #2, and #3 Gerald Doeksen
- III. Hand out Final Health Services Directory Gerald Doeksen
- IV. Present Health Survey Results Gerald Doeksen
- V. Develop Community Action Plan Gerald Doeksen
 - a. List community health issues
 - b. Prioritize community health issues
 - c. Discuss possible resolution for health issues
 - d. Summarize community recommendations
 - e. Hospital Administrator Response Nick Hughey

VI. Next Steps

Community Health Needs Assessment Summary Report will be available (website)

Hospital Board Action Plan will be prepared, distributed, and made available to the public (website)

The main portion of the meeting was used to present results of the community health needs survey, **Report #5**. Each advisory committee member took surveys to the segments of the MSA population represented. In addition, the survey was made available on the internet via "Survey Monkey." A total of 239 completed surveys were returned. This survey asked the age of the respondent. Results of the age analysis indicated that the survey was representative of the MSA population.

Twenty questions were asked in the survey. **Questions 17** and **18** lead to the most discussions at the meeting. **Question 17** is presented in **Table 17**.

In **Table 17**, the two concerns that received the most responses were emergency care/response/need ambulances with 8.9% of the total responses and lack of doctors/primary care with 7.8%. In **Table 18**, the need for doctors (primary and specialty care) was again listed as services the respondents would like to see offered at Kula Hospital.

The advisory committee discussed all survey responses and listed in **Table 19** the items that they considered as the most pressing issues and concerns.

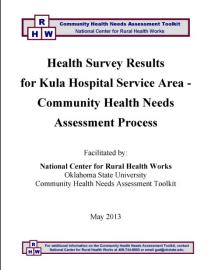


Table 17
What concerns you most about health care in the service area of Kula Hospital?

Response Category	No.	%
Nothing	27	10.5%
Emergency care/ response/need ambulances	23	8.9%
Lack of doctors/primary care	20	7.8%
Accessibility to facility/distance to facility	16	6.2%
Lack of services	15	5.8%
Insurance acceptance/affordability/lack of funds	13	5.0%
Facility might close	7	2.7%
Hours of facility	7	2.7%
Old and outdated facility/equipment	6	2.3%
Quality of Care	6	2.3%
Availability for clinic appointments	4	1.6%
Lack of nurses	4	1.6%
Not accepting new patients	4	1.6%
Need senior services	3	1.2%
Lack of specialists	2	0.8%
Need dialysis center	1	0.4%
No Response	91	35.3%
Don't Know	9	3.5%
Total	258	100.0%

Some respondents answered more than once.

Table 18 What services would you like to see offered at Kula Hospital?

What services would you like to see offered		totals	Totals			
Response Category	No.	%	No.	%		
None	9	3.1%	9	3.1%		
Physician/Specialty Physician Services		5.170	70	24.2%		
Primary care	11	3.8%	, 0	21.270		
Clinic/Urgent Care Services	9	3.1%				
Women's services	8	2.8%				
Need more physicians/nurses	6	2.1%				
Dental Dental	4	1.4%				
Internal medicine	4	1.4%				
Radiology	4	1.4%				
Specialists	4	1.4%				
Pediatrics	3	1.0%				
Cancer care	2	0.7%				
Dermatology	2	0.7%				
Optometry	2	0.7%				
± • •	$\frac{2}{2}$	0.7%				
Pharmacy Physical therapy/Rehab	$\frac{2}{2}$	0.7%				
	$\frac{2}{2}$					
Surgery/Cosmetic Surgery		0.7%				
Better follow up	1	0.3%				
Dialysis	1	0.3%				
Neurology	1	0.3%				
Orthopedics	1	0.3%				
Psychiatry	1	0.3%	7.4	25.60/		
Hospital Facilities/Services	1.5	5.0 0/	74	25.6%		
All services	15	5.2%				
Extended hours of operation	15	5.2%				
General care	15	5.2%				
Emergency room	12	4.2%				
New equipment/More Facilities/Laboratories	5	1.7%				
Home health	4	1.4%				
Preventive services/Exercise programs	3	1.0%				
Free services	2	0.7%				
Patient education/classes	2	0.7%				
Training of personnel	1	0.3%				
Other Services			15	5.2%		
Senior Services (Adult day care/assisted living [6];						
LTC facility [4])	10	3.5%				
Ambulance	3	1.0%				
College tours	1	0.3%				
Transportation	1	0.3%				
Hospital Administrative Issues			17	5.9%		
Accept more insurances/Kaiser	13	4.5%				
Publicity of services	4	1.4%				
No Response	94	32.5%	94	32.5%		
Don't know	10	3.5%	10	3.5%		
Total	289	100.0%	289	100.0%		

Table 19 Kula Hospital Community Health Needs Assessment – Community Health Issues Identified by Advisory Committee at Meeting #4

- I. Start program to attract primary care and specialty care physicians
 - Community is open to nurse practitioners or physician assistants
 - Look into rotation of specialty physicians at Kula Hospital (i.e. Cardiologist the first Monday of the month; Pediatrician the second and fourth Tuesdays of the month, etc.)
- II. Need to market hospital services to community
 - Inform community of new physician(s)
 - Inform Native Hawaiian community of services
 - Have Kula Hospital representative on Kula Community Association Board
- III. Many elderly residents do not have transportation to Kula Hospital
 - Office of Aging does provide some transportation services (may need to increase awareness of availability of this service)
- IV. School age drinking is an issue
- V. Need to market and enhance fitness programs and prevention programs
- VI. Need to assist people in applying for Medicaid programs
 - Need to work with other agencies to accomplish this; i.e. Office of Aging
- VII. Need step-care facility or assisted living facility to increase market share of long-term care patients at Kula Hospital

Community Health Need Recommendations and Implementation Strategies

Due to limited resources, the Kula Hospital and Kula community cannot address all issues identified in **Table 15** from Meeting #3 and **Table 19** from Meeting #4. The community advisory committee members were asked to identify and list their top priorities and discuss implementation strategies. The priorities identified and possible implementation strategies are:

Recruit primary care providers and specialists

- Hospital will look into need for providers and work with community to recruit providers
- National Center will conduct a needs analysis for both primary care providers and specialists
- Critical mass is needed to support additional providers
- Hospital will investigate telehealth in conjunction with Dr. Deborah Birkmire-Peters from Pacific Basin Telehealth Resource Center, John H. Burns School of Medicine, University of Hawaii
- Hospital will investigate other programs, such as home monitoring and community paramedic model

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Market existing services of Kula Hospital

- Hospital will work with Kula Community Association to inform residents of programs
- Hospital will work with Native Hawaiian groups to inform them of many available programs
- Hospital will publicize the availability of new physicians
- Office of Aging and hospital will work together to inform home-bound of transportation for services
- Hospital, Kula Community Association, Office of Aging, and other groups will enhance or continue outreach programs, such as
 - ➤ Hand out directories
 - ➤ Have up-to-date websites available
 - > Distribute information through health fairs, etc.

Outreach program on importance of immunizations of elderly

- Hospital will work with groups that serve elderly (such as Meals on Wheels, Senior Citizen Centers) to inform them of importance of immunizations
- Hospital will have outreach to church groups
- Hospital will have booth at county fair/special fair days
- Nursing students could travel with Meals on Wheels to educate and provide immunizations